

TITLE 410 INDIANA STATE DEPARTMENT OF HEALTH

LSA Document #12-617

SUMMARY/RESPONSE TO COMMENTS

The Indiana State Department of Health's (ISDH) Executive Board preliminarily adopted the State Trauma Registry Rule, 410 IAC 34, on January 9, 2013. ISDH published the proposed rule in the July 3, 2013 Indiana Register. A public hearing was held in Indianapolis on July 29, 2013, to solicit comments from the public on the proposed rule. The following parties made comments during the public hearing:

Jessica Lawley, St. Mary Medical Center (verbal)
Spencer Grover, Indiana Hospital Association (in writing)

The following parties made written comments after the public hearing, but during the public comment period:

Spencer Grover, Indiana Hospital Association
Terry Rake and Chief Jeff Fox, Indiana Fire Chiefs Association
Michael Lockard, Talley Medical-Surgical Eye Care Associates

The following party offered a written comment after the public comment period closed:

Christopher J. Karam, St. Joseph Regional Medical Center--Mishawaka

The following is a summary of the comments received and ISDH's responses thereto:

Comment by Jessica Lawley: Ms. Lawley's comment amounts to a question rather than a comment. Ms. Lawley asked if the Trauma Registry software will remain free of charge for EMS providers and others.

Response: The Trauma Registry software presently is purchased by the ISDH for use by those reporting to the Trauma Registry. This arrangement is expected to continue into the future. Current plans are that any increase in cost for maintenance or upgrades of the Trauma Registry software will be borne by the ISDH.

Comment by Spencer Grover: Mr. Grover expressed support for the establishment of a state trauma registry for the collection of information regarding the delivery of traumatic injury care services. However, he urged that the mandatory reporting requirement for all hospitals be limited to only the state's trauma centers, which presently numbers 10, citing the cost of abstracting data and the lack of funding.

Response: The Indiana State Trauma Care Committee was very clear in advising the ISDH on the development of the State Trauma Registry. The Committee believed all

hospitals should be required to report to the Registry so that a significant enough percentage of trauma cases would be captured allowing the ISDH to effectively know as much as possible regarding what is occurring in the statewide trauma system. Limiting the reporting of trauma data to only the 10 trauma centers does not achieve the goal of receiving sufficient data about what is going on in the system.

Comment by Spencer Grover: Mr. Grover reiterated comments he made in written testimony offered at the public hearing in his follow-up email. He said that “Indiana hospitals that do not currently abstract and report data do not see the value nor do they want to absorb the costs of education, abstraction and reporting. Those that do report do so because they are required to by being designated trauma centers or because they have voluntarily allocated resources and have found value in the benchmarking and working with their trauma hospitals in quality reviews and injury prevention efforts.”

Response: Indiana Code 16-19-3-28 designates ISDH as the lead agency for the development, implementation, and oversight of a statewide comprehensive trauma care system to prevent injuries, save lives, and improve the care and outcome of individuals injured in Indiana. ISDH worked with the Indiana State Trauma Care Committee on the development of this rule and the Committee and ISDH are both in agreement that all hospitals should be required to report to the Registry.

Comment by Terry Rake and Chief Jeff Fox: Ms. Rake and Mr. Fox commented that the rule requires the duplication of reporting requirements and data elements already required of EMS providers by the Indiana Emergency Medical Services Commission in 836 IAC 1-1-5. They noted further that the Fire Chiefs Association acknowledges the importance of the data to the EMS Commission and the ISDH missions, but stressed that EMS providers should only report to one state agency and that those agencies share the data.

Response: Data required for the ISDH under this rule and the EMS Commission (actually, the Indiana Department of Homeland Security, IDHS) under 836 IAC 1-1-5 are identical as to the number of elements to be reported on, the class of providers that must report, and the date every month that providers must report. Once the EMS provider has the data ready to be reported, it really amounts to pushing 2 buttons—one for the ISDH, the other for the IDHS.

For 2 years, the ISDH has tried to get data from the IDHS so that it would not have to implement its own reporting requirement. However, IDHS’ data capabilities do not allow it to share its data with other entities in a secure manner.

Comment by Michael Lockard: Mr. Lockard was also supportive of the rule, but was concerned about a very specific aspect of it, that being that the most current version of NEMSIS should be used to ensure accurate and consistent data collection rather than relying on the NEMSIS data elements currently specified in the EMS Commission rule (836 IAC 1-1-5 and the criteria in the Indiana EMS Data Dictionary). The language he

proposes to change is at Rule 5, Section 1(d). He suggested a specific change in wording to accomplish that goal.

Response: ISDH agrees with Mr. Lockard's suggestion and will make that change to the proposed rule.

Comment by Christopher Karam: Mr. Karam's comment was received after the public comment period closed, but is noted here. He was concerned with the cost imposed on hospitals by having to report trauma data to the Registry.

Response: The ISDH is required to implement and monitor a statewide trauma system by Indiana Code 16-19-3-28. For ISDH to be able to know what is going on in that system—and to suggest quality improvements to make it better—ISDH needs the data that hospitals, EMS providers, and rehab hospitals regularly collect. The Indiana State Trauma Care Committee was very clear in advising ISDH on the development of the Trauma Registry Rule: ISDH needs data from as many hospitals as ISDH can get. That is what this Rule attempts to do; however, ISDH recognizes that not all hospitals will choose to be a part of the effort. The penalty for not reporting data is that those hospitals that do not report will not be eligible for trauma funding of any kind from the ISDH, which seems a relevant and reasonable penalty.